

Title	Capacity Declaration—Conservatorship, and Dementia Attachment to Capacity Declaration—Conservatorship (revise form GC-335, and adopt new form GC-335A).
Summary	Existing multipurpose form GC-335, <i>Capacity Declaration—Conservatorship</i> , would be revised to restate and clarify the execution and filing instructions, to permit a more thorough evaluation of a conservatee’s memory mental function, to require more deliberate and intentional consideration and execution by qualified medical professionals, and to improve the format for execution and filing of the form. The portion of the existing form concerning a conservator’s dementia powers would be rewritten and transferred to a proposed new form GC-335A, <i>Dementia Attachment to Capacity Declaration—Conservatorship</i> .
Source	Probate and Mental Health Advisory Committee
Staff	Douglas C. Miller, 415–865–7535, douglas.miller@jud.ca.gov
Discussion	<p>Judicial Council form GC-335, <i>Capacity Declaration—Conservatorship</i>, is a mandatory form that must be used in three distinct situations:</p> <ul style="list-style-type: none"> • To supply evidence of a proposed conservatee’s inability, for medical reasons, to attend the hearing on the petition for appointment of a conservator. (Prob. Code, § 1825.) • To provide evidence of a (proposed) conservatee’s mental capacity to give informed consent to medical treatment. (Prob. Code, § 1880.) • To provide evidence to support a grant of “dementia powers” to a conservator—powers to place a conservatee in a restricted residential facility or to authorize the administration of psychotropic medication suitable for the treatment of dementia. (Prob. Code, § 2356.5.) <p>The form may be used for any one or more of these purposes at the same time.</p> <p>If the form is used solely for the first purpose stated above, it may be signed by a licensed physician, a licensed psychologist acting within the scope of his or her license, or an accredited practitioner of a religion followed by the proposed conservatee that relies solely on the power of prayer for healing. Only a licensed physician or a licensed</p>

psychologist acting within the scope of his or her license may sign the form if it is used for evidence of a (proposed) conservatee's mental capacity to consent to medical treatment, or to support a request for "dementia" powers. If the form is used for the latter purpose, the psychologist must have at least two years' experience in diagnosing dementia.

The Probate and Mental Health Advisory Committee proposes the following modifications to the existing form GC-335, *Capacity Declaration—Conservatorship*:

1. Addition of multiple signature blocks.

This form is unique, in that it may be used for three different and not necessarily related purposes, the qualifications of the persons authorized to sign it are different for each authorized use, and a single copy of it may be used for one purpose or for more than one. If the form is used for only one purpose, parts of it are not completed.

In particular, if the current form GC-335 is used only to support the proposed conservatee's absence from the hearing on the appointment of a conservator—perhaps the form's most frequent use—only page 1 of the form must be completed. The last two pages of the form are left entirely blank except for the signature of the declarant at the bottom of page 3. However, all three pages of the form must be filed.

The advisory committee has redesigned form GC-335 to permit the filing of only those parts of it that are actually used in a given application. This has been accomplished by adding a signature block to the bottom of page 1. This change would permit execution and filing of only the first page of the form if it is used solely to establish the proposed conservatee's inability to attend the hearing on the petition for appointment of a conservator.

2. Revision of the instructions for form GC-335.

The instructions in the box at the top of page 1 of form GC-335 would be revised to describe and explain the several ways the revised form and the proposed new form GC-335A may be completed, signed and filed, depending on the purposes for which one or both forms are used. The options described in the instructions are as follows:

- If form GC-335 will be filed to establish the proposed conservatee's inability to attend the hearing on the appointment of a conservator, items 1–5 of the form would be completed, the declarant would sign at the bottom of page 1, and only that page

would be filed.

- If form GC-335 will be filed to support a determination that the (proposed) conservatee lacks the capacity to give informed consent to medical treatment, items 1–4 and 6–8 of the revised form would be completed, the declarant would sign only on page 3, and all three pages of the form would be filed.
- If form GC-335 will be filed to support the proposed conservatee’s absence from the hearing on the petition for appointment of a conservator and also to show that the conservatee lacks medical consent capacity, all items of the form (items 1–8) would be completed. The declarant would sign only once on page 3, and all three pages of the form would be filed.
- If form GC-335 will be filed to support the grant of “dementia” powers to a conservator, items 1–4, 6, and 8 of the form would be completed, the new form GC-335A also would be completed and attached, and the declarant would sign only form GC-335A.
- If forms GC-335 and GC-335A will be used to support “dementia” powers in addition to one or both of the other authorized uses of form GC-335, items 1–4, 6, and 8 of form GC-335 would be completed, plus either or both items 5 and 7 of that form, depending on which additional use is involved. Form GC-335A would also be completed and attached, the declarant would sign only form GC-335A, and all three pages of form GC-335 plus form GC-335A would be filed.

3. Description of the memory mental function.

Probate Code section 811(a) requires evidence of a deficit in a person’s mental functions listed in subdivision (b) of the section plus evidence of a correlation between the deficit and the decision or act in question to support a determination that the person lacks the capacity to make a decision or to perform an act.

Under Probate Code sections 1881 and 2356.5, the evidence described in section 811(a) is required in support of determinations that a conservatee lacks capacity to give informed consent to medical treatment or that a conservator should be granted “dementia” powers. (Prob. Code, §§ 1881(b)(2), 2356.5(b)(2), and 2356.5(c)(2).) A form used to show evidence in support of one or both of these determinations must include an evaluation of the conservatee’s mental functions.

Item 6 of form GC-335 provides the required evaluation of mental functions. The item restates the mental functions listed in Probate Code section 811(b), including memory in item 6B(1).

The current form GC-335 asks the declarant to make one overall evaluation of the memory function, including short-term, long-term, and immediate-recall memories within the same evaluation. However, Probate Code section 811(a)(2)(A) requires an evaluation of all three kinds of memory. The revised form GC-335 would provide for separate evaluations of each of these memory components.

4. Declarant's Opinion Concerning Conservatee's Capacity to Give Informed Consent to Medical Treatment.

Item 7 of form GC-335 contains the opinion evidence of the expert medical declarant in support of a determination that a conservatee either does or does not lack the capacity to give informed consent to medical treatment. If the conservatee is determined to lack this capacity, the conservator is given the exclusive authority to consent to the conservatee's medical treatment. (Prob. Code, §§ 1880, 2355.)

The advisory committee would add a line underneath item 7b instructing the declarant to affix his or her initials in the space provided if that item applies. Item 7b states the declarant's professional opinion that the conservatee lacks capacity to give informed consent to medical treatment.

The right to consent or to refuse to consent to medical treatment is a fundamentally important individual right. The advisory committee believes that this proposed revision of item 7 is an appropriate additional safeguard against the loss of that right because that item does not now require the declarant to do anything other than fill in checkboxes, or perhaps to react to checkboxes already filled in by the (proposed) conservator or his or her counsel.

This revision is intended to emphasize to the medical professional declarant that completion of item 7b of revised form GC-335 should be the declarant's thoughtful intentional act. The advisory committee believes that requiring the declarant's initials, in addition to the checked boxes at the beginning of items 7 and 7b, would accomplish that purpose.

The initialing requirement would be a new and unique feature in a Judicial Council form. The advisory committee invites public comment on whether this feature would be a useful addition to item 7 of form GC-335.

5. Adoption of a new form GC-335A, *Dementia Attachment to*

Capacity Declaration—Conservatorship.

Proposed form GC-335A would be used only as an attachment to the revised form GC-335 when “dementia” powers under Probate Code section 2356.5 are requested. These are powers to involuntarily place the conservatee in a residential care facility that restricts his or her freedom of movement, or to authorize the administration of psychotropic medication suitable for treatment of dementia without the conservatee’s consent. The new form would contain the material now located in item 8 on page 3 of the current form GC-335.

Placement of the dementia material in a separate form rather than keeping it in revised form GC-335 is intended as a safeguard to ensure that the decision by the petitioning (proposed) conservator to seek the extraordinary powers authorized by section 2356.5 is appropriate under the circumstances, is an intentional and thoughtful act, and is fully and knowingly supported by the medical professional declarant who must complete and sign the form. The advisory committee invites public comment on whether removal of the dementia material from form GC-335 to a separate form would be a useful safeguard against unnecessary or inappropriate requests for “dementia” powers, or whether this action would merely create unnecessary complexity.

6. Changes in the text to be moved from current form GC-335 to the proposed new form GC-335A.

The proposed new form GC-335A would contain the material now in item 8 of current form GC-335, renumbered as item 9, with the following changes:

The phrase “secured facility for the elderly,” in item 8a of current form GC-335 would be replaced by “secured perimeter residential care facility for the elderly,” in item 9a of form GC-335A to conform to the statute that authorizes these facilities, Health and Safety Code section 1569.698. (See Prob. Code, § 2356.5(b).)

The phrase “secured nursing facility for the elderly” in item 8a of current form GC-335 would be deleted from item 9a of form GC-335A because the statute that authorized that type of facility, Health and Safety Code section 1569.691, was repealed. (Stats. 1995, ch. 550, § 1, effective January 1, 1998.) The related Judicial Council form GC-313, *Attachment Requesting Special Orders Regarding Dementia*, was recently revised to delete a similar reference to those facilities.

Items 9a(1)–(4) and 9b(1)–(4) of proposed new form GC-335A would

replace items 8a and 8b of current form GC-335. The revised items are based on the detailed requirements of Probate Code sections 2356.5(b) and (c), which specify the findings the court must make before it can grant a request for the dementia powers authorized by the statute. All of these findings must be supported by clear and convincing evidence. The information requested in items 9a(1)–(4) and 9b(1)–(4) of the new form is intended to enable the declarant to provide enough evidence to support the court’s findings under that evidentiary standard.

Items 9a(2) and 9b(2) of form GC-335A would require the declarant to specify the deficits in the conservatee’s mental functions that the declarant believes impair the conservatee’s ability to understand and appreciate the consequences of decisions to consent or to refuse to consent to placement in a restricted facility or to administration of dementia medication. These items, taken together with items 9a(3) and 9b(3), are intended to satisfy the requirements of Probate Code sections 2356.5(b)(2) and 2356.5(c)(2) that an identified deficit in a conservatee’s mental function must significantly impair the conservatee’s ability to make these decisions.

Items 9a(1), 9b(1), and 9b(4) of form GC-335A would require the declarant to state reasons why the (proposed) conservatee needs or would benefit from placement in a restricted facility or dementia medication, and to specify which medications would be appropriate. The information requested by these items is intended to satisfy Probate Code sections 2356.5(b)(3) and 2356.5(c)(3), which state that the need or benefit from restricted placement or dementia medication must be demonstrated by evidence presented by the medical expert.

As noted above, items 9a and 9b in the proposed new form GC-335A require the declarant to give reasons *why* the conservatee needs or would benefit from the conservator’s exercise of “dementia” powers, and to list the specific dementia medications that the declarant believes the conservatee should receive. Section 2356.5 does not explicitly compel disclosure of this information, although it is helpful to satisfy the statute’s evidentiary requirements. Items 9a and 9b also require the declarant to describe the deficits in the conservatee’s mental functions that he or she will have also disclosed in the evaluation contained in item 6 of form GC-335.

The detailed information required in items 9a and 9b of the new form is contrasted with items 8a and 8b of current form GC-335. Item 8a of the current form merely requires the declarant to check boxes

signifying his or her conclusion that the (proposed) conservatee would or would not need or benefit from placement in a restricted facility. Item 8b merely calls for the declarant to check boxes indicating the declarant's conclusion that the (proposed) conservatee does or does not need or would benefit from dementia medications, and does or does not lack capacity to give informed consent to their administration.

The information requested in items 9a(1)–(4) and 9b(1)–(4) of form GC-335 should satisfy statutory requirements. However, requiring the declarant to provide that information in the amount of detail requested is also intended to promote careful consideration of the issues by the medical professional declarant, and thereby to reduce inappropriate or unnecessary applications for dementia powers.

The medical professional declarant would have to expend considerably more time and effort than is now required to provide the information requested in item 9 of form GC-335A. The advisory committee invites public comment on whether this item would promote its intended purpose, or whether it would merely impose an unnecessary burden.

A copy of the revised form GC-335 is attached at pages 8–10.

A copy of the proposed new form GC-335A is attached at page 11.

A copy of the current form GC-335 is attached at pages 12–14.

Attachments

ATTORNEY OR PARTY WITHOUT ATTORNEY (Name, state bar number, and address): <div style="display: flex; justify-content: space-between;"> <div>TELEPHONE NO.: E-MAIL ADDRESS (Optional): ATTORNEY FOR (Name):</div> <div>FAX NO. (Optional):</div> </div>	FOR COURT USE ONLY <h2 style="margin: 10px 0;">Draft 8</h2> <h2 style="margin: 10px 0;">03/24/03</h2>
SUPERIOR COURT OF CALIFORNIA, COUNTY OF STREET ADDRESS: MAILING ADDRESS: CITY AND ZIP CODE: BRANCH NAME:	
CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	
CAPACITY DECLARATION—CONSERVATORSHIP	CASE NUMBER

TO PHYSICIAN, PSYCHOLOGIST, OR RELIGIOUS HEALING PRACTITIONER

The purpose of this form is to enable the court to determine whether the (proposed) conservatee (*check all that apply*):

- A. ☐ is able to attend a court hearing to determine whether a conservator should be appointed to care for him or her. The court hearing is set for (date): (*Complete item 5, sign and file page 1 of this form.*)
- B. ☐ has the capacity to give informed consent to medical treatment. (*Complete items 6 through 8, sign page 3, and file pages 1 through 3 of this form.*)
- C. ☐ has dementia and, if so, (1) whether he or she needs to be placed in a secured perimeter residential care facility for the elderly, and (2) whether he or she needs or would benefit from dementia medications. (*Complete items 6 and 8 of this form and form GC-335A and sign and attach that form. File pages 1 through 3 of this form and Form GC-335A.*)

(*If more than one item is checked above, sign the last applicable page of this form or Form GC-335A if item C is checked, and file page 1 through the last applicable page of this form and form GC-335A if item C is checked.*)

COMPLETE ITEMS 1–4 OF THIS FORM IN ALL CASES.

GENERAL INFORMATION

1. (Name):
2. (Office address and telephone number):
3. I am
 - a. ☐ a California licensed ☐ physician ☐ psychologist acting within the scope of my licensure ☐ with at least two years' experience in diagnosing dementia.
 - b. ☐ an accredited practitioner of a religion whose tenets and practices call for reliance on prayer alone for healing, which religion is adhered to by the (proposed) conservatee. The (proposed) conservatee is under my treatment. (*Religious practitioner may make the determination under item 5 ONLY.*)
4. (Proposed) Conservatee (name):
 - a. I last saw the (proposed) conservatee on (date):
 - b. The (proposed) conservatee ☐ is ☐ is NOT a patient under my continuing treatment.

☐ **ABILITY TO ATTEND COURT HEARING**

5. A court hearing on the petition for appointment of a conservator is set for the date indicated in item A above. (*Complete a or b.*)
 - a. ☐ The proposed conservatee is able to attend the court hearing.
 - b. ☐ Because of medical inability, the proposed conservatee is NOT able to attend the court hearing (*check all items below that apply*)
 - (1) ☐ on the date set (*see date in box in item A above*).
 - (2) ☐ for the foreseeable future.
 - (3) ☐ until (date):

Supporting facts (*State facts in the space below or check this box ☐ and state the facts in Attachment 5.*):

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date:

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

(Continued on reverse)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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6. ☐ **EVALUATION OF (PROPOSED) CONSERVATEE'S MENTAL FUNCTIONS**

Note to practitioner: This form is *not* a rating scale. It is intended to assist you in recording your *impressions* of the (proposed) conservatee's mental abilities. Where appropriate, you may refer to scores on standardized rating instruments.

(Instructions for items 6A–6C): Check the appropriate designation as follows: **a** = no apparent impairment; **b** = moderate impairment; **c** = major impairment; **d** = so impaired as to be incapable of being assessed; **e** = I have no opinion.)

A. Alertness and attention

(1) Levels of arousal (lethargic, responds only to vigorous and persistent stimulation, stupor):

a ☐ b ☐ c ☐ d ☐ e ☐

(2) Orientation (types of orientation impaired):

a ☐ b ☐ c ☐ d ☐ e ☐ Person

a ☐ b ☐ c ☐ d ☐ e ☐ Time (day, date, month, season, year)

a ☐ b ☐ c ☐ d ☐ e ☐ Place (address, town, state)

a ☐ b ☐ c ☐ d ☐ e ☐ Situation ("Why am I here?")

(3) Ability to attend and concentrate (give detailed answers from memory, mental ability required to thread a needle):

a ☐ b ☐ c ☐ d ☐ e ☐

B. Information processing Ability to

(1) Remember. (Ability to remember question before answering, to recall names, relatives, past presidents, and events of past 24 hours.)

i. Short-term memory a ☐ b ☐ c ☐ d ☐ e ☐

ii Long-term memory a ☐ b ☐ c ☐ d ☐ e ☐

iii Immediate recall a ☐ b ☐ c ☐ d ☐ e ☐

(2) Understand and communicate either verbally or otherwise. (Deficits reflected by inability to comprehend questions, follow instructions, use words correctly, or name objects; use of nonsense words.)

a ☐ b ☐ c ☐ d ☐ e ☐

(3) Recognize familiar objects and persons. (Deficits reflected by inability to recognize familiar faces, objects, etc.)

a ☐ b ☐ c ☐ d ☐ e ☐

(4) Understand and appreciate quantities. (Deficits reflected by inability to perform simple calculations.)

a ☐ b ☐ c ☐ d ☐ e ☐

(5) Reason using abstract concepts. (Deficits reflected by inability to grasp abstract aspects of his or her situation or to interpret idiomatic expressions or proverbs.)

a ☐ b ☐ c ☐ d ☐ e ☐

(6) Plan, organize, and carry out actions (assuming physical ability) in one's own rational self-interest. (Deficits reflected by inability to break complex tasks down into simple steps and carry them out.)

a ☐ b ☐ c ☐ d ☐ e ☐

(7) Reason logically.

a ☐ b ☐ c ☐ d ☐ e ☐

C. Thought disorders

(1) Severely disorganized thinking (rambling thoughts; nonsensical, incoherent, or nonlinear thinking).

a ☐ b ☐ c ☐ d ☐ e ☐

(2) Hallucinations (auditory, visual, olfactory).

a ☐ b ☐ c ☐ d ☐ e ☐

(3) Delusions (demonstrably false belief maintained without or against reason or evidence).

a ☐ b ☐ c ☐ d ☐ e ☐

(4) Uncontrollable or intrusive thoughts (unwanted compulsive thoughts, compulsive behavior).

a ☐ b ☐ c ☐ d ☐ e ☐

D. Ability to modulate mood and affect The (proposed) conservatee ☐ has ☐ does NOT have a pervasive and persistent or recurrent emotional state that appears inappropriate in degree to his or her circumstances. (If so, complete remainder of item 6D.) ☐ I have no opinion.

(Instructions for item 6D): Check the degree of impairment of each inappropriate mood state (if any) as follows: **a** = mildly inappropriate; **b** = moderately inappropriate; **c** = severely inappropriate.)

Anger a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Euphoria a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Helplessness a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>
Anxiety a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Depression a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Apathy a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>
Fear a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Hopelessness a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Indifference a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>
Panic a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	Despair a <input type="checkbox"/> b <input type="checkbox"/> c <input type="checkbox"/>	

(Continued on next page)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name): _____ <input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	CASE NUMBER:
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6. (continued)

E. The (proposed) conservatee's periods of impairment from the deficits indicated in items 6A–6D

(1) ☐ do NOT vary substantially in frequency, severity, or duration.

(2) ☐ do vary substantially in frequency, severity, or duration (*Explain. Continue on Attachment 6E if necessary.*):

F. ☐ (Optional) Other information regarding my evaluation of the (proposed) conservatee's mental function (e.g., diagnosis, symptomatology, and other impressions) is ☐ stated below ☐ stated in Attachment 6F.

☐ ABILITY TO CONSENT TO MEDICAL TREATMENT

7. Based on the information above, it is my opinion that the (proposed) conservatee

a. ☐ has the capacity to give informed consent to any form of medical treatment. The opinion expressed in item 7a is limited to medical consent capacity.

b. ☐ lacks the capacity to give informed consent to any form of medical treatment because he or she is **either** (1) unable to respond knowingly and intelligently regarding medical treatment **or** (2) unable to participate in a treatment decision by means of a rational thought process, **or both**. The deficits in the mental functions described in item 6 above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of medical decisions. The opinion expressed in item 7b is limited to medical consent capacity.

(Declarant must initial here if item 7b applies: _____.)

8. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____



(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)

CONSERVATORSHIP OF THE <input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE OF (Name):	CASE NUMBER
<input type="checkbox"/> CONSERVATEE <input type="checkbox"/> PROPOSED CONSERVATEE	

**ATTACHMENT TO FORM GC-335, CAPACITY DECLARATION—CONSERVATORSHIP,
ONLY FOR (PROPOSED) CONSERVATEE WITH DEMENTIA**

9. It is my opinion that the (proposed) conservatee ☐ has ☐ does not have dementia as defined in the current edition of Diagnostic and Statistical Manual of Mental Disorders.

a. ☐ **Placement of (proposed) conservatee.** (*Note to Practitioner: If the (proposed) conservatee requires placement in a secured perimeter residential care facility for the elderly, please complete items 9a(1)–9a(4).*)

(1) The (proposed) conservatee needs or would benefit from placement in a restricted and secure facility because (State reasons. Continue on Attachment 9a(1) if necessary.):

(2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of Form GC-335, include (Describe. Continue on Attachment 9a(2) if necessary.):

(3) The (proposed) conservatee ☐ does ☐ does not have capacity to give informed consent to this placement. The deficits in mental function described in item 6 of Form GC-335 and item 9a(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate the consequences of his or her actions with regard to giving informed consent to placement in a restricted and secure environment.

(4) A locked or secured perimeter facility ☐ is ☐ is not the least restrictive environment for the (proposed) conservatee.

b. ☐ **Administration of dementia medications.** (*Note to Practitioner: If the (proposed) conservatee requires administration of psychotropic medications appropriate to the care of dementia, please complete items 9b(1) through 9b(4).*)

(1) The (proposed) conservatee needs or would benefit from the following medications appropriate to the care of dementia (list):

(2) The (proposed) conservatee's mental function deficits, based on my assessment in item 6 of Form GC-335, include (Describe. Continue on Attachment 9b(2) if necessary.):

(3) The (proposed) conservatee ☐ does ☐ does not have the capacity to give informed consent to the administration of psychotropic medications appropriate to the care of dementia. The deficits in mental function described in item 6 of Form GC-335 and item 9b(2) above significantly impair the (proposed) conservatee's ability to understand and appreciate his or her actions with regard to giving informed consent to the administration of psychotropic medications for treatment of dementia.

(4) The (proposed) conservatee needs or would benefit from the administration of psychotropic medications for the treatment of dementia because (State reasons. Continue on Attachment 9b(4) if necessary.):

10. Number of pages attached: _____

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Date: _____

(TYPE OR PRINT NAME)

(SIGNATURE OF DECLARANT)